

# Jefferson County Montana



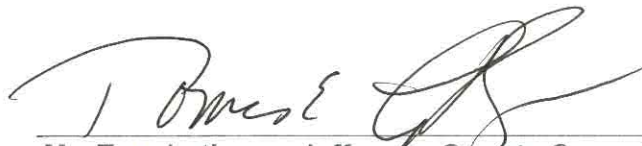
## **BLOODBORNE PATHOGENS (BBP's)**

## **EXPOSURE CONTROL PLAN**

Adopted: September 11, 2012

# Jefferson County Bloodborne Pathogen Control Plan

This Bloodborne Pathogens Exposure Control Plan has been  
Revised, Approved and Adopted by the Jefferson County  
Commissioners this 11 day of September 2012.



Mr. Tom Lythgoe, Jefferson County Commissioner



Mr. Leonard Wortman, Jefferson County Commissioner



Mr. Dave Kirsch, Jefferson County Commissioner

Attest:

  
Bonnie Ramey, Clerk and Recorder

Date:

9-11-12

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# Section I

## APPLIES TO ALL COUNTY EMPLOYEES

### **A: PURPOSE OF THE PLAN:**

Jefferson County, hereafter known as JeffCo, has implemented this Bloodborne Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

1. To protect our personnel from the health hazards associated with a BBP.
2. To provide appropriate treatment and counseling in the event an employee be exposed to a BBP.

### **General principles that must be followed when working with BBP's include:**

- It is prudent to minimize all exposure to BBP's.
- The risk of exposure to BBP's should never be underestimated.
- JeffCo institutes as many engineering and work practice controls as required to eliminate or minimize exposure of our personnel to BBP's.

OSHA requires all employers to provide a safe workplace. OSHA issued a standard entitled Occupational Exposure to Bloodborne Pathogens, 29 CFR Part 1910.1030, also referred to as the OSHA Final Rule, which is designed to eliminate or minimize occupational exposure to these pathogens including, but not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV) that our personnel may encounter while providing occupational exposure.

OSHA defines occupational exposure as "reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or potential infectious materials that may result from the performance of an employee's duty". JeffCo follows OSHA's 29CFR 1910.1030 regulation by:

- Determining job classification which have occupational exposure,
- Determining exposure risks of personnel,
- Providing protection against exposure risks,
- Implementing a BBP Program,
- Implementing an Exposure Control Plan,
- Providing no cost recommended vaccinations to employees with potential occupational exposure, and
- Providing BBP training for all Jeffco employees.

### **This policy informs you of the contents of the OSHA Standard as it applies to:**

1. Hepatitis B, Hepatitis C, Human Immunodeficiency Virus and AIDS transmission,
2. Safe work practices including use of Personal Protective Equipment (PPE),
3. Bloodborne Pathogen Exposure incident protocol, and
4. Vaccination protocol including Vaccination/Testing Participation and/or Declination.

## **B. PROGRAM MANAGEMENT:**

### **1. Responsibilities:** There are four key positions central to effective implementation of the Exposure Control Plan:

- a. The Jefferson County Health Department
- b. Supervisors/Department Heads and Elected Officials
- c. The Jefferson County Personnel Officer (PO)
- d. The JeffCo Employee

#### **a. The Jefferson County Health Department:**

- 1) Has overall responsibility for the county BBP program,
- 2) Will provide BBP training to all county employees,
- 3) Will provide new employee BBP training,
- 4) Will provide annual BBP training,
- 5) Will maintain a database of all county employees' BBP training and attendance dates,
- 6) Will evaluate ways to improve the Exposure Control Plan and recommend updates to the plan when necessary,
- 7) Will develop and maintain a BBP safety, standards, and health related information reference library,
- 8) Will remain current on legal requirements concerning BBP's,
- 9) Will provide the employee, the PO, and the respective Department Head with a certificate indicating completion of BBP training,
- 10) Will provide the PO with an updated quarterly BBP training database and
- 11) Will initiate and document all required "at risk" immunizations/testing required by specific job positions and if the employee declines, obtain employee signature on the county Vaccination/Testing Participation/ Declination Form.

#### **b. Supervisors/Department Heads and Elected Officials:**

- 1) Will ensure their new personnel and individuals transferring from another county department receive the appropriate BBP training prior to beginning work in a new position, and ensure all individuals in their department attend scheduled annual BBP thereafter,  
**Note:** \*\* an employee transferring from an "At Risk" to a "Routine" position does not need to attend BBP training until their next scheduled BBP training.  
\*\* individuals transferring from a "routine" to "At Risk" position must meet "At Risk" training requirements prior to beginning work in that position.
- 2) Will ensure appropriate BBP preventive supplies are readily available in their respective work areas,
- 3) Will enforce safe workplace BBP preventative practices,
- 4) Will work with the Health Department and Safety Officer to ensure proper exposure control procedures are followed,
- 5) Will identify all department job positions as the degree of risk for BBP exposure and provide this information to the County Personnel Officer,
- 6) Will notify the Personnel Officer immediately if it is determined there is need for a change in a job position for a BBP "At Risk" category, and
- 7) Will periodically review with Department Heads whether there are any changes to all job positions to verify any changes in the exposure risk.

**c. The Jefferson County Personnel Officer:**

- 1) Will obtain information from all Supervisors/Department Heads for all Jeffco job positions related to BBP job position identification,
- 2) Will maintain an up-to-date list of all county jobs to include job position, department, employee name, and position classification as "Routine" or "At Risk" for BBP exposure,
- 3) Will provide the Health Department with an updated Jeffco personnel list whenever there is a change, and
- 4) Will include the Health Department on all new employee orientation check sheets that will include whether the individual has been hired into a position that is a "Routine" or "At Risk" BBP job position.

**d. The JeffCo Employee:**

- 1) Will know what tasks they perform that have occupational exposure,
- 2) Will attend new employee and annual BBP's Exposure training sessions,
- 3) Will plan and conduct all operations in line with work practice controls,
- 4) Will report hazardous or potentially hazardous work hazards, and
- 5) Will develop and practice good personal hygiene habits.

**Note:** \* An employee working in a "At Risk" position will obtain their Employee Health Immunization Record" from the Personnel Officer or appropriate Department to take for any new or follow-up immunizations or tests.

\*\* This form will be returned to the employee upon completion by the Health Department and the employee will return it to the Personnel Officer.

**C. EXPOSURE CONTROL PLAN AVAILABILITY:**

JeffCo's Exposure Control Plan shall be available to all employees at any time. Personnel will be advised of this availability during the education/training sessions.

**A copy of the Exposure Control Plan will be kept in the following locations:**

1. The County Commission Office,
2. The County Health Department Offices (Boulder, Clancy and Whitehall),
3. The County Sheriff's Dispatch Center and Squad Room,
4. All County Department Head/Supervisors will ensure a copy is available for all of their staff in a department/worksites centralized location, and
5. Any other work areas deemed suitable for employee 24 hour access.

**D. REVIEW AND UPDATE OF THE EXPOSURE CONTROL PLAN:**

1. OSHA's Final Rule stipulates this plan shall be reviewed and updated annually.
  - a. County Commissioners have designated January of each year,
  - b. Whenever new or modified tasks and/or procedures are implemented which affect occupational exposure of County Personnel,
  - c. Whenever personnel jobs are revised in such a way that new instances of occupational exposure may occur, and/or
  - d. Whenever new functional positions are initiated that may involve exposure to BBP's.

## **E. EXPOSURE DETERMINATION BY JOB CLASSIFICATIONS:**

1. A primary element in any Bloodborne Pathogen Exposure Control Plan is to identify all exposure situations personnel may encounter while performing tasks and procedures in which exposure to BBP might occur.
2. All Supervisors/Department Heads are responsible to review, revise and provide updates to the Personnel Officer as job tasks, procedures, and reclassifications occur and ensure that employee/s coordinate with the Health Department if additional training is required.

Tasks and procedures are performed by personnel in the job classifications shown below.	
Classification	Who it applies to.
All	Job classifications in which <b>all</b> personnel have occupational exposure.
Some	Job classifications in which <b>some</b> personnel have occupational exposure.

### **3. “All” Job Classifications:**

The JeffCo job classifications listed below indicate the potential that **all** personnel may come in contact with human blood, body fluids, or other potentially infectious materials.

JOB TITLE	STATION LOCATION
Sheriff/Coroner	County Wide
Under Sheriff	
Deputies (all)	
Deputy Coroners	
Reserve Deputy Unit	
Dispatchers	
Detention Officers	
Administrative Personnel	
Health Department Nurses and Administrative Staff	
Jefferson County Sanitarian	

### **4. “Some” Job Classifications:**

JeffCo job classifications listed below indicate the potential that **some** personnel may come in contact with human blood, body fluids, or other potentially infectious materials.

JOB TITLE	STATION LOCATION
Jefferson County Maintenance/Custodial Personnel	County Wide
Jefferson County Solid Waste	All Transfer Sites County Wide

### **5. Tasks where “Some” personnel may be exposed to BBP’s**

JOB POSITION	Types of Task/s
Maintenance/Custodian Staff	Sweeping up broken glass or needles
	Cleaning the Health Department Treatment areas
	Cleaning county building and bathrooms where blood, body fluids or sharps may have been improperly disposed
Solid Waste Department Staff	Moving waste from vehicles to waste roll-off boxes
	Emptying roll-off boxes



6. Those who work the JeffCo job positions listed below are encouraged to receive the vaccinations and/or testing indicated.
  - a) Any employee who presents a copy of acceptable current vaccination status,
  - b) Any employee may decline to participate; however, the “Declination Form” must be signed by any employee who does not wish to participate in this program (Sample on page 34 under appendixes), and
  - c) Any employee who initially declines the vaccinations/test but changes his/her mind at a later date may request the vaccine/test and receive it at no cost.

<b>Yes indicates the immunization/testing is recommended. NO indicates it is not recommended.</b>				
<b>JOB TITLE</b>	<b>Hepatitis A Series</b>	<b>Hepatitis B Series</b>	<b>Current Tetanus</b>	<b>PPD* Yearly</b>
Sheriff/Coroner and Under Sheriff	YES	YES	YES	YES
Deputies and Deputy Coroners (ALL)	YES	YES	YES	YES
Sheriff Department Dispatchers	YES	YES	YES	YES
Detention Officers	YES	YES	YES	YES
Sheriff Department Administrative Staff	YES	YES	YES	YES
Health Department Staff (ALL)	YES	YES	YES	YES
Maintenance/Custodial Staff	YES	YES	YES	NO
Solid Waste Manager/Drivers/Gate Attendants	YES	YES	YES	NO
Sanitarian/Environmental Health	YES	YES	YES	NO

\* PPD is a tuberculosis skin test also known as the tuberculin or PPD test.

## **F. COMPLIANCE METHODS:**

All JeffCo work areas/environments require evaluation to minimize or eliminate potential exposure to BBP's. The first six areas in our plan include:

1. Universal Precautions
2. Engineering Controls
3. Workplace Practice Controls
4. Personal Protective Equipment (PPE)
5. Custodial Procedures
6. Labels and Signs

### **1. Universal Precautions:**

- a) Must be followed to prevent contact with blood and other potentially infectious materials (OPIM's).
- b) All human blood and body fluids must be treated as though known to be infectious for Hepatitis, HIV or any other pathogens.

### **2. Engineering Controls:**

- a) Hand washing facilities, antiseptic hand cleansers/towelettes or isopropyl gel and towels will be accessible to all personnel with potential for exposure.

**Note:** \*\*Hand washing” or “hand hygiene” is the act of cleaning the hands with or without the use of water or another liquid or with the use of soap for the purpose of removing soil, dirt, and/or microorganisms.

\*\*\*“Hand sanitizing” refers to the use of antiseptic agents used to cleanse the hands when soap and water are not unavailable.



- b) Contaminated reusable sharps containers will be puncture-resistant, color-coded or labeled with a biohazard warning label, and leak-proof on the sides and bottom.
- c) Secondary containers will be leak-proof and color-coded or labeled with a biohazard warning label.
- d) Appropriate disposable PPE will be accessible when necessary.

## 2. Work Practice Controls:

- a) When any new JeffCo employee begins work, the following process will occur to ensure that they are trained in their appropriate work practice controls.
  - 1) The employee's job classification/tasks/procedures will be checked against the Job Classifications and Task Lists - Section E,
  - 2) Based on the job classification and/or tasks and procedures, potential occupational exposure situations will be identified for education and training, and
  - 3) The new employee's Supervisor/Department Head/Elected Official will ensure the employee receives the appropriate BBP education and training regarding work practice controls that the employee is not experienced with.
- b) Hand washing or hand sanitizing will be performed immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- c) After contact of body areas with any blood or infectious materials, personnel will wash their hands and any other exposed skin with soap and water **as soon as possible** and flush exposed mucous membranes with water.  
**Note:** \*\*If contact is made with blood or infectious materials, use of Hand Sanitizers/ Gels is not an acceptable substitute for hand washing.
- d) Contaminated needles/sharps will not be bent, recapped or removed unless it can be demonstrated that there is no feasible alternative or the action is required by a specific medical procedure.  
**Note:** \*\* Any recapping or needle removal will be accomplished only through use of a medical device or a one-handed technique.
- e) All contaminated sharps will immediately be placed in the appropriate container after use or as soon as possible.
- f) Extreme caution will be exercised with any medical type needles found.
- g) **Never** stick a hand or fingers into a sharps container.
- h) Protective gloves will be worn at all times waste or trash is being handled.
- i) **Never** place medical waste or trash into a sharps container.
- j) Eating, drinking, smoking, applying cosmetics/lip balm, and handling contact lenses is prohibited in any work areas where there is potential for exposure to BBP's.

- k) Any procedure involving blood or infectious materials will be minimized to prevent splashing, spraying or actions that may result in droplet production.
- l) All Blood/Body Fluid Specimens will be placed in designated, appropriately labeled leak-proof containers for handling and storage.
- m) If outside contamination of a primary specimen container occurs, that container will be placed in a second leak-proof container, appropriately labeled, for handling and storage. If a specimen can puncture the primary container, the secondary container must be puncture-resistant.
- n) All Equipment that becomes contaminated will be examined prior to servicing or shipping and decontaminated as necessary, unless it can be demonstrated that decontamination is not feasible.
- o) An appropriate biohazard warning label will be secured to any contaminated equipment identifying the contaminated portions.
- p) Information regarding any remaining contamination is conveyed to all affected personnel, the equipment manufacturer, and the equipment service representative prior to handling, servicing or shipping.

### **3. Personal Protection Equipment (PPE):**

- a) Department Heads and Elected Officials working with the Exposure Control Officer are responsible to ensure all work places and vehicles have appropriate PPE available for employees.
- b) All personnel will be trained and educated in the use of appropriate PPE for their job classifications and tasks/procedures they perform. Additional training will be provided, when necessary, if an employee takes a new position or new job functions are added to the current position.
- c) JeffCo provides at no cost to our personnel PPE such as, but not limited to:
  - Disposable gloves, gowns, aprons, or other appropriate PPE items,
  - Face shields, masks, safety glasses or goggles,
  - Resuscitation bag-valve-mask devices, and
  - Hypoallergenic gloves, glove liners or similar alternatives to employees allergic to gloves JeffCo normally uses.

### **4. Department Custodial/Housekeeping:**

- a) Maintaining our facility(s) and vehicle(s) in a clean and sanitary condition is an important part of our BBP Compliance Program.
- b) Department Heads and Elected Officials will ensure that work-sites are maintained in a clean and sanitary condition by implementing an appropriate written schedule for cleaning and method of department decontamination.

## 5. Labels and Signs:

- a) The most visible warning of possible exposure to BBP's is biohazard labels. JeffCo has implemented a comprehensive biohazard warning labeling program in county facility(s) and vehicle(s), using labels, or when appropriate, red "colored-coded" containers.
  - 1) The following checked items in county facility/s and vehicle/s require labeling:
    - (a) Containers of regulated waste,
    - (b) Sharps disposal containers,
    - (c) Laundry bags and containers, and
    - (d) Contaminated equipment.
  - 2) On labels affixed to contaminated equipment, ensure which parts of the equipment that are contaminated.

## G. HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP:

JeffCo recognizes that even with good observance to exposure prevention practices, exposure incidents can occur. As a result,

### 1. VACCINATION/TESTING Program:

- a) Personnel who elect to decline participation in the vaccine program are required to sign a Vaccination Declination Form. (Page 33)
- c) To protect employees from the risk of a BBP infection, JeffCo has implemented a **no cost** vaccination program for all employees identified as having a potential of occupational exposure to BBP's.
- d) Vaccines will be administered by the County Health Department.
- e) Personnel taking part in the Vaccination/Testing program will be listed on a Personnel Vaccination Record (See Page 35, Appendix "C").
- f) Personnel who decline to participate in the Vaccination/Testing program are also listed, but must also have a Signed Vaccination/Testing Declination Form.

### 2. Post-Exposure Evaluation and Follow-Up:

- a) **Immediate** medical consultation and treatment from the nearest medical facility should occur for any employee involved in an unprotected exposure.
- b) The responsible Supervisor/Department Head/Commissioner will complete the "Blood/Body Fluid Exposure Incident Report Form" Appendix "D" on page 37 and provide it to the County Public Health Director at the earliest possible time along with a written incident account of its causes along with recommendations to avoid similar incidents in the future.
- c) The Public Health Director will review the incident report form and written incident account and forward it along with a written summary to the County Safety Officer.

d) The County Safety Officer will review the reports and process any required documentation to the county insurance agent, present it to the County Safety Committee and ensure a copy is provided to the County Personnel Officer for inclusion in the employee confidential personnel file.

e) To ensure employees receive the best and most timely treatment in the event of an exposure use JeffCo's post-exposure evaluation and follow-up process.

1) Every effort will be made to protect the confidentiality of the people involved.

2) The "Bloodborne Pathogen Post-Exposure Follow-up checklist" (Appendix "B", page 35) will be used to verify that all steps in the process have been correctly taken. The following individuals oversee this process:

- The employee Supervisor/Department Head/Elected Official
- The Public Health Department
- The Safety Officer
- The Personnel Officer

3) If an employee is exposed to a BBP and the source individual is able to be identified, the "source individual" will be informed of the incident, and after consent is obtained, tested for the Hepatitis B Virus, Hepatitis C, and the Human Immunodeficiency Virus (HIV). If the source patient consents to being tested, the source patient's blood will be collected and tested to determine whether there is any infectivity.

**NOTE: \* If the source individual refuses consent, the County Attorney is to be notified immediately!**

4) At this time, infectivity information will be made available to the exposed employee along with information on any relevant regulations/laws concerning disclosure of the identity and infectious status of a source individual.

5) Once infectivity information has been gathered, an appointment will be arranged for the exposed employee to have his/her blood collected and tested by a qualified health care professional, and the employee's medical status to include an evaluation of any reported illnesses and any recommended treatment will be discussed.

### **3. Information Provided the Health Care Professional:**

To assist a medical provider in evaluating the incident, several documents must be available to them, including:

- a) A copy of the completed "Exposure Incident Report",
- b) A copy of the exposed employee's relevant medical records, and
- c) Any other pertinent information.

### **4. Health Care Professional's Written Opinion:**

a) Upon completion of the medical consultation, the Medical Provider will provide the PO with a written medical opinion evaluating the exposed employee's situation.

- b) The PO will provide a copy to the exposed employee.
- c) In accordance with employee confidentiality, the written opinion will contain only the following:
  - 1) Whether medication/vaccination is indicated for the employee,
  - 2) Confirmation that the employee:
    - a) has been informed of the results of the evaluation and
    - b) has been informed about any medical conditions resulting from the exposure incident which may require further evaluation or treatment, and
  - 3) All other findings or diagnoses are confidential and will not be included in the written report.

#### **5. Medical Record Keeping:**

- a) To ensure as much medical information is available as possible, in the event of an exposure for a participating health care professional, JeffCo will maintain some limited personnel medical information.
- b) The County PO is responsible for establishing and maintaining these records in a confidential file which will include the following information:
  - 1) Employee name,
  - 2) Employee Health Immunization Record (and/or declination form if relevant),
  - 3) Dates of any vaccinations,
  - 4) Results of blood test/s from any BBP exposure incident/s, and
  - 5) A copy of any information provided a consulting health care professional as a result of any exposure to BBP's.

#### **6. Information and Training:**

- a) All JeffCo personnel who have the potential for exposure to BBP's will be provided training and information on this issue.
- b) It is the responsibility of the Department Head/Commissioner to insure all employees under his/her supervision receive training specific to their department.
- c) It is the employee's responsibility to attend scheduled education and/or training that will include the following topics:
  - The BBP's Standard,
  - Modes of blood borne disease transmission,
  - Sign and symptoms of possible infectious diseases,
  - Risk factors in the workplace and medical surveillance,
  - Work restrictions,
  - Compliance monitoring, and
  - Where personnel can obtain a copy of JeffCo's Exposure Control Plan,
  - Recognizing tasks and activities that may involve exposure to blood and other potentially infectious materials,
  - Review use and limitations of methods to prevent or reduce exposure such as Engineering and Work Practice Controls,

- Types, selection and use of PPE that includes: Proper use, Location within county station(s) and vehicle(s) and, Removal, handling, decontamination, and disposal.
- Biohazard Visual warning within county station(s) and vehicles) that include labels, signs, and color-coded containers,
- Information on hepatitis A, hepatitis B and the Tetanus Vaccine including: Effectiveness, safety, and method of administration; Benefits of vaccination vs. not receiving vaccination and, JeffCo's free employee vaccination program.
- Actions to take in an emergency involving blood and/or other potentially infectious materials that include: procedures to follow if an exposure incident occurs and; Post-exposure evaluation, information, follow-up and medical consultation.

d) BBP may involve a variety of training methods:

- |                              |                                       |
|------------------------------|---------------------------------------|
| 1) Classroom instruction     | 4) Computer training and self-testing |
| 2) Videotape programs        | 5) Employee review sessions           |
| 3) Training manuals/handouts | 6) Hands on demonstrations            |
|                              | 7) Combinations of the above          |

e) To allow for the opportunity to ask questions and interact with instructors, time will be allotted for these activities in each training session.

## 7. Record Keeping:

- a) The Health Department will maintain a BBP training database containing:
- 1) Dates of all training sessions,
  - 2) Contents/summary of the training sessions,
  - 3) Names and qualifications of instructors,
  - 4) Names, job titles, and department of those attending training sessions, and
  - 5) Immunization/testing status of all "At Risk" JeffCo employees for required vaccinations or a Declination Form.

# SECTION II

## Health Department Personnel

**IN ADDITION TO SECTION I, the following guidelines will be utilized to minimize or eliminate exposure to Department Employees.**

**A. WORK AREA RESTRICTIONS:**

Food and/or beverages may not be kept in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are present.

**B. HAND HYGIENE:** Hand-washing/hand hygiene will be performed between each client contact and immediately after removing soiled gloves.

**C. PERSONAL PROTECTIVE EQUIPMENT (PPE):**

1. All staff will familiarize themselves with the location of PPE prior to the need for its use.
2. Gloves are used in all procedures that it be necessary to have contact with blood or other potentially infectious materials, non-intact skin, and mucous membranes.
3. After removal of gloves, employees shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.
4. Masks and protective eye wear is available and is to be utilized when there is any potential for a splash, spray, splatter, or droplets. For example, irrigation of a wound or an uncooperative client when obtaining blood or other specimens.
5. Disposable one-way valve pocket masks are available in the clinic area with the resuscitation equipment.
6. Unprotected mouth to mouth resuscitation is not to be a part of CPR as protective systems are available.

**D. SHARPS AND NEEDLES:**

1. All contaminated needles will be placed, intact, in a clearly marked sharps container.
2. Used needles from county resident patients (i.e. diabetic insulin needles/syringes) may be delivered to the clinic in a puncture resistant sealed container for disposal.
3. If the contents of a sharps container should somehow spill, DO NOT pick-up sharps by hand. Instead use a dustpan and brush or forceps.
4. Needles recovered by JeffCo employees during technical procedures in the field may be recapped if doing so is the only safe method of transport or temporary storage.



5. Contaminated sharps recovered or used during field operations must be handled with mechanical devices such as forceps whenever possible.
6. Contaminated needles and sharps may not be cleaned or re-used in any part of the Health Department's operations.
7. Contaminated needles and sharps must be stored in a clearly marked and approved container and be handled with mechanical devices such as forceps whenever possible if they are to be held as evidence or submitted for laboratory examination.

**E. SPECIMENS AND PROCEDURES:**

1. Tourniquets and needle holders will be disinfected after each use.
2. Hematocrit sealants will not be reformed.
3. Capillary tube holders will be decontaminated with a 10 % bleach solution.
4. Hematocrits will be disinfected after each use.
5. Contaminated materials will be disposed of in an appropriate infectious waste container.
6. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
7. All infectious materials must be placed in a container which prevents leakage during collecting, handling, processing, storing, and transferring.
8. Specimens being mailed shall be placed in a sealable biohazard marked container and shall be labeled or color coded in accordance with OSHA Standards.
9. Specimen containers that remain in the facility for testing, i.e. urine cups, Hematocrit tubes etc., will be exempt from the labeling/color coding requirement of the standard provided that universal precautions are utilized in specimen handling and the containers are recognizable as containing specimens.

**F. WASTE DISPOSAL:**

1. Infectious waste will be packaged at the point of generation to avoid exposure of the material during transport.
2. Liquids will be sealed in watertight containers prior to placement in an OSHA approved medical waste container.
3. Leaking boxes will be repackaged into a leak proof plastic bag.
  - a. Any spilled liquid or material shall be sprayed with a germicidal solution, covered with an absorbent material to soak up the liquid, then cleaned up and repacked into a new medical waste container.
  - b. Infectious waste spills will be thoroughly disinfected to avoid potential for infection to staff, visitors, or clients.

- 1) Spills will be promptly cleaned with an approved disinfectant.
- 2) Staff will wear gloves and other appropriate PPE to conduct all cleanup of spills.
- 3) Infectious waste shall be placed in appropriate color-coded, identifiable bags of sufficient strength or thickness to prevent ripping, bursting, or tearing under normal conditions.
- 4) When the bags are full, they shall be tied or sealed to avoid spillage.
- 5) Sharps will be in appropriate containers before disposal. Red/Orange bio-hazard bags are located in the Boulder Clinic Storage Room.
- 6) Infectious waste bags and sharps containers shall be placed in containers supplied by the approved medical waste disposable system.
- 7) Infectious waste will not be manually or mechanically compacted.

**Reviewed/Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Noel Mathis RN, MSN**  
**Public Health Director**

# SECTION III

## Maintenance/Custodial Personnel

IN ADDITION TO SECTION I, the following guidelines will be utilized to minimize or eliminate exposure to Department Employees.

### A. SHARPS AND NEEDLES:

1. Staff will be cautious of all needles found during cleaning.
2. Needles will not be recapped, bent, or purposely broken.
3. **NEVER** stick your hand or finger into a sharps container.
4. **NEVER** place medical waste or trash into a sharps container.

### B. HOUSEKEEPING CLEANING AND DISINFECTING SCHEDULE/PROCEDURE:

1. The Manager of Maintenance/Custodial services will coordinate with each County Supervisor/Department Head/Commissioner to identify special custodial service needs within their respective departments.
2. All work sites will be maintained in a clean and sanitary condition.
3. After any incident where blood or body fluid is present the entire affected and surrounding area will be cleaned by using a bleach and water solution which should be mixed at the time of use and shall be a minimum of one part bleach to ten parts water. (These mixtures of bleach and water shall be used within twenty four hours.)
4. When using a bleach and water solution, heavy waterproof type gloves shall be used to protect the hands of the staff. These heavy gloves may be reused. **DO NOT USE LATEX GLOVES.**
  - a) A commercial grade cleaner/disinfectant may be utilized if it has been approved.
    - 1) The work area will be cleaned of any visible contaminant by washing the area with soap and water prior to using the disinfectant.
    - 2) Sinks will be cleaned using appropriate commercial disinfectant or bleach solution.
    - 3) All general clean-up of the area will be conducted in a manner which will minimize splashing, spraying, or splattering of blood or other potentially infectious materials.
4. All bleach solutions mixed for disinfectant use will be:
  - a. Labeled with date/time it was mixed, its contents and
  - b. Used within 24 hours.

6. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be picked up by use of mechanical means.
7. Reusable receptacles such as wastebaskets will be lined with a bag and changed during each cleaning period.
  - a) Waste baskets in client treatment areas shall be decontaminated on a weekly basis or when the receptacle is contaminated with blood or body fluid.
  - b) Red Bio-hazard bags will be tied and deposited into appropriate bio-hazard waste receptacles for correct disposal.

**Reviewed/Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**John Shephard**  
**Facility Manager**

# Section IV

## County Sheriff's Office

**IN ADDITION TO SECTION I, the following guidelines will be utilized to minimize or eliminate exposure to Department Employees.**

Employees of the County Sheriff's Department will be tested for exposure to tuberculosis (ppd) and receive annual ppd testing if they work in an environment with the potential for exposure to Mycobacterium tuberculosis as a result of shared air within the same facility (See page 8, Section E, 6-c).

- This may include, but is not limited to, jailers, deputies, other law enforcement personnel, health services staff, part-time personnel, temporary staff not employed by the facility, and persons not involved directly with inmates such as clerical staff, volunteer workers, janitorial staff, housekeeping staff, and maintenance staff.
- Employees may decline immunizations and or testing by signing the county Vaccination/Testing Participation/ Declination Form.

### **B. ENGINEERING AND WORK PRACTICE CONTROLS - All Operations:**

1. Supervisors (sheriff, undersheriff, and chief deputy) must ensure the use of adequate and safe practices by all employees under their control and supervision.
2. No CPR is to be performed without a one-way mask.
3. Work areas that involve any tasks involving any body fluid specimens or materials contaminated with body fluids will be kept separate from any other department work areas to the greatest extent possible.

### **C. LAW ENFORCEMENT OPERATIONS:**

1. Recovered physical evidence that has been stained or soaked with body fluids shall be air-dried in a clearly marked, protected area of the department laboratory.
  - a. Butcher paper shall be placed beneath the drying materials to prevent any splattering by dripping fluids.
  - b. Once dried, the evidence shall be packaged and preserved following commonly accepted legal and procedural guidelines.
1. Appropriate vehicle cages shall be available in each department vehicle for use when transporting persons that may pose a risk of exposure.

### **D. DETENTION FACILITY OPERATIONS:**

1. Latex, nitrile, vinyl or similar exam gloves shall be used when patting down inmates whenever contact with body fluids may occur.
2. Biohazard disposal containers shall be used for diabetic test materials.

**E. CORONER OPERATIONS:**

1. If available, disposable plastic body envelopes shall be used for all decedents prior to placement into a body bag. When necessary, envelopes should be stapled or secured with tape to prevent leakage.
2. Access to a death scene or other potentially contaminated area shall be restricted.

**F. INSPECTION AND MAINTENANCE:**

1. Department Supervisors shall
  - a. Be responsible for the day-to-day adherence to work practice controls and
  - b. Review the effectiveness of individual controls on a monthly basis.

**G. LAW ENFORCEMENT OPERATIONS AND HAND-WASHING LOCATIONS:**

**1. *Boulder Office:***

- a. Main Floor - bathrooms and hand sanitizer stations
- b. Basement - bathrooms, hand sanitizer stations and kitchen by the Emergency Operations Center.

**2. *Whitehall Office:*** The bathroom and hand sanitizer station

**3. *Field Operations:*** Hand sanitizer or antiseptic towelettes

**H. FIELD OPERATIONS:** PPE maintenance and accessibility

1. PPE is issued to each affected employee,
2. PPE is supplied in each department vehicle,
3. Employees exposed to bodily fluids while in the field shall utilize the antiseptic towelettes, then wash with soap and water at the nearest practical facility, and
4. A supply of antiseptic towelettes shall be maintained in the central location at the evidence locker. It is the responsibility of each employee to keep an adequate supply of the towelettes immediately available when in the field.

**I. CORONER OPERATIONS:**

1. Employees shall utilize available hand washing facilities at funeral homes, morgues, and when possible or needed, at the death scene.
2. Antiseptic towelettes/hand sanitizers are provided for those instances in which washing facilities are not immediately available. In such an instance, use of antiseptic towelettes shall be followed by washing with soap and water as soon as possible at the nearest practical facility.

#### **J. NEEDLES AND SHARPS:**

1. Contaminated sharps may not be picked up or otherwise handled with bare hands.
  - a. Contaminated sharps whether recovered or used during field operations must be handled with mechanical devices such as forceps whenever possible.
  - b. The term "contaminated sharps" includes evidentiary items such as glass, knife blades, bullets, etc. that may have been exposed to bodily fluids.
2. Contaminated needles will be placed intact in a clearly marked sharps container.
3. Needles used by inmates such as diabetics requiring insulin injection.
  - a. All inmate self-injections will be delivered in a re-sealable plastic bag and will be closely monitored by a detention facility employee.
  - b. Following the injection, the inmate will:
    - 1) Recap the needle,
    - 2) Replace syringe, needle, and alcohol swab in the plastic bag, and
    - 3) Reseal the bag before returning it to the detention facility employee.
3. Needles recovered during law enforcement or coroner field operations or used by employees during technical procedures in the field may be recapped only if doing so is the only safe method of transport or temporary storage.

**NOTE:** \*\*Recapping must be done using a mechanical device or the one-handed scoop technique.
5. Needles collected, recovered, or used during field operations must be stored in a clearly marked and approved container if they are to be held as evidence or submitted for laboratory examination.
6. Contaminated needles and sharps may not be cleaned and re-used in any part of this department's operation.

#### **K. WORK AREA RESTRICTIONS:**

1. Methods employed to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials include use of:
  - a) Disposable, absorbent pads,
  - b) Self-sealing tops on all test tubes, and
  - c) Precautions when drying contaminated evidence as previously described.

#### **L. SPECIMENS:**

1. Specimens collected during law enforcement and coroner field operations shall be placed in containers approved or provided by the State Crime lab. Use of such



containers may constitute a declared exemption to the prescribed labeling and color coding requirement.

2. Specimens collected at the detention facility will be placed in containers that comply with the labeling and color coding standards.

**Note:** \*\*Contaminated specimens collected during field operations frequently involve sharps (see Paragraph "J" above) which could puncture the primary container.

3. Puncture resistant metal, plastic, cardboard secondary supply containers, together with appropriate labels, shall be maintained in the evidence locker.
4. An approved disposal bag will be placed with each sharps container to serve as the secondary container in the event of leakage of the primary container.
5. Contaminated evidence shall be air dried whenever possible to prevent leakage.
6. Primary containers for liquid specimens shall be placed in leak proof secondary containers prior to transport or shipping.

#### **M. CONTAMINATED EQUIPMENT:**

1. Equipment contaminated with blood or other bodily fluids shall be decontaminated as quickly and thoroughly as necessary. If a question arises as to the feasibility of decontaminating a particular piece of equipment, appropriate resources will be checked prior to decontamination or replacement.
2. Employee requests for personal equipment reimbursement, including uniforms or other contaminated clothing requiring decontamination or replacement beyond that covered in the clothing allowance, will be considered by the Sheriff. Criteria for determining eligibility for reimbursement include the employee's adherence to accepted practices to avoid or minimize exposure, availability and use of PPE, circumstances surrounding the exposure, viable alternatives to replacement, county policy, and current bargaining agreements.

#### **N: PPE:**

1. **Provision - Detention Facility:** PPE supplies shall be maintained in selected sites throughout the facility and immediately available to all employees on an as needed basis. The Detention Supervisors shall designate division employees responsible for inspection and replenishing of the supplies.
2. **Provision - Law Enforcement/Coroner Operations:**
  - a. Employees shall be issued individual PPE kits.
  - b. Each department vehicle shall contain extra gloves, absorbent pads/sheets, and disposable aprons and foot covers.
  - c. Contaminated items shall be replaced from the department supplies.
  - d. Supplies of disposable gloves shall be maintained at selected sites within the department and immediately available to all employees.
  - e. Each employee of the Administrative, Detective, and Uniform divisions shall be responsible for the regular inspection and maintenance of the issued PPE kit.

3. **Provision - Auxiliary Units:** PPE supplies shall be maintained and their issue supervised by the designated unit coordinators, full-time department employees.

4. **Utilization - General:**

- a) Gloves shall be worn whenever it is reasonably anticipated the employee should have contact with blood, other bodily fluids, non-intact skin, mucous membranes, or potentially contaminated materials.
- b) Masks and approved eye protection shall be worn whenever eye or mouth contamination can reasonably be expected due to the potential of splashes, sprays, splatters, or droplets of bodily fluids or other potentially contaminated materials.
- c) Protective coverings such as disposable shoe covers, aprons or coveralls, and head-wear shall be used whenever possible and practical to prevent the employee's clothing from becoming stained or soaked with bodily fluids.
- d) The use of heavy-duty, tear-resistant gloves is encouraged whenever a task threatens the integrity of standard vinyl or latex gloves.

**O. UTILIZATION - Law Enforcement/Coroner Operations: FIELD**

- 1. In emergency field conditions involving officer safety or aid to victims, appropriate PPE shall be utilized unless the employee temporarily and briefly declines to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or coworker.
- 2. At a minimum, gloves and PPE designed to protect uniforms/street clothing shall be worn when processing, recovering, or otherwise handling contaminated evidence.
- 3. Employees involved in the collection of bodily fluid samples from decedents must, at a minimum, utilize gloves, eye protection (with side shields), and masks. PPE designed to protect uniforms or street clothing is recommended.
- 4. Employees assisting with or attending an autopsy must comply with PPE standards established by the state medical examiner regardless of the actual facility used.

**P. PPE DISPOSAL:**

1. **Detention Facility:**

- a) Disposable PPE shall be removed and placed in clearly marked biohazard waste containers immediately following use.
- b) Approved containers shall be located in the medical examination room, laundry, and other such sites deemed necessary by the supervisors. Other PPE items shall be cleaned immediately following use or removed at the work site and placed in an approved container until laundered. Such containers will be situated at sites directed by the supervisors.

## **2. Field:**

- a)** Clearly marked biohazard waste bags shall be included in each PPE kit issued.
- b)** Additional bags will be placed in department vehicles.
- c)** All used PPE items will be removed and placed in the provided bags before the employee leaves the work site.
- d.** Bags will be transported to the appropriate site for disposal/laundry. An exception to this requirement is instances where an approved biohazard waste container is more readily accessible i.e. funeral homes, hospitals, morgue, etc.

## **Q. CLEANING AND DECONTAMINATION:**

### **1. General:**

- a)** Department work sites shall be maintained in a clean, sanitary condition on a daily basis.
- b)** Cleaning and disinfecting of contaminated areas shall be accomplished using a chlorine bleach solution of not less than one part bleach to ten parts water, or, an approved commercial cleaner/disinfectant.
- c)** Contaminated areas must be scrubbed with soap and water or an approved commercial cleaner prior to disinfecting.

### **2. Detention Facility:**

- a.** The facility laundry is cleaned daily by the assigned detention officer.
- b.** Any contaminated area shall be cleaned immediately.
- c.** Medical examination room work surfaces will be cleaned as soon as possible after use by the supervisor or other designated officer.
- d.** Contaminated surfaces shall be cleaned as soon as feasible.
- e.** Isolation cells are cleaned and disinfected daily by detention staff or an inmate worker if available.
- f.** Contamination occurring in any other portion of the facility shall result in the cleaning and disinfecting of the affected area as soon as feasible.
- g.** Access to a contaminated area shall be restricted or prohibited until cleaning and disinfecting is completed.
- h.** All bins, pails, cans, and similar receptacles in affected areas will be monitored daily by supervisors.
- i.** Any receptacle suspected of having been contaminated should be cleaned and disinfected prior to further use.

### **3. Law Enforcement and Coroner Operations:**

- a. Work surfaces shall be covered with butcher paper or a similar barrier whenever contaminated materials are being examined or processed.
- b. Work surfaces shall be cleaned and disinfected following each use involving contaminated material.
- c. The primary case officer present is responsible for ensuring the above procedures are followed.
- d. All bins, pails, cans, and similar receptacles in the work area shall be monitored daily.
- e. Any receptacle suspected of having been contaminated shall be cleaned and disinfected prior to further use.

### **4. Broken Glassware:**

- a. Broken glassware potentially contaminated with blood or other bodily fluids shall be recovered only through mechanical means such as forceps, brush/broom and dustpan, etc., and discarded in an approved, puncture resistant, waste container.
- b. Contaminated broken glassware being recovered or retained as evidence must be collected by mechanical means such as described above and stored in a puncture resistant, labeled, container.

## **R. REGULATED WASTE DISPOSAL:**

### **1. Contaminated Sharps:**

- a. **Detention Facility:** Approved disposal containers shall be located in the booking area and medical examination room.
- b. **Field:** Contaminated sharps shall be transported in approved biohazard bags and disposed of as previously described.
- c. **Evidence:** Contaminated sharps that were retained as evidence but no longer needed as evidence shall be disposed of in an approved container as soon as the evidential value has ceased.

### **2. Disposal:**

- a. Sharps containers will be monitored regularly and replaced as necessary.
- b. Filled containers shall be disposed of through the approved system.

## **S. LAUNDRY - On-site:**

- 1. Contaminated laundry that can be washed will be laundered at the department detention facility.

2. Accepted cleaning and disinfecting protocols shall be followed.
3. Contaminated laundry transported to the detention facility from another part of the Department shall be placed in a clearly labeled or color-coded bag and shall be accepted only if the laundry has been air dried and sealed in a water soluble "Boil Bag" prior to being placed in the biohazard bag.

**T. POST-EXPOSURE EVALUATION AND FOLLOW-UP:**

1. Department supervisors shall be responsible for ensuring reportable exposure incidents are documented on the form contained in Appendix D.
2. Completed forms shall be reviewed and routed as follows:
  - a) Undersheriff, Sheriff, and Chief Deputy,
  - b) Risk Manager, and
  - c) Personnel Department.
3. It is the responsibility of the employee's supervisors to assure the post-exposure evaluation and follow-up policies are carried out.
4. Pertinent records of the evaluation and follow-up will be forwarded to the Personnel Department for permanent storage.

**U. RECORD KEEPING:**

1. All records pertaining to orientation, vaccinations (or refusal with signed Declination Waiver), will be kept by the Sheriff's Department Personnel files and be available to the County Personnel Officer as needed.
2. Maintenance of all records required by the OSHA standard, unless otherwise noted including exhibits and appendices), will be kept by the Sheriff.
2. Documentation of initial training will be recorded on the appropriate form.
  - a. One copy will be maintained in the Sheriff's department employee training file along with any job-specific training applicable to this plan or related rules and laws.

**Reviewed/Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Craig Doolittle  
Sheriff

# Section V

## Solid Waste Department

**IN ADDITION TO SECTION I, the following guidelines will be utilized to minimize or eliminate exposure to Department Employees.**

**A. TRAINING:**

1. Annual infection control Blood Borne Pathogen (BBP) training will be provided by the Solid Waste District in cooperation with the County Health Department.
2. Attendance of all scheduled BBP training is mandatory unless suitable makeup sessions are prearranged and approved by the Manager.
3. Extreme Caution must be used when directly handling solid waste materials or containers of solid waste such as plastic/paper bags, bins, barrels, waste baskets, etc. Never place unprotected body parts (fingers, hands, feet and such) in direct contact with waste materials.

**B. PERSONAL PROTECTIVE PREVENTATIVE ACTIONS AND/OR EQUIPMENT:**

1. Wear protective gloves at all times when handling any waste materials.
2. Inspect monthly and immediately replace any worn safety/personal PPE.
3. Within ten working days of the first day of employment, pre-exposure vaccinations will be required of all District Solid Waste Department employees. Records of hepatitis A, hepatitis B, and tetanus vaccination are required unless proof of prior vaccination is provided or a personal vaccine declination and acceptance of the risk of infection form is signed.

**C. SHARPS AND NEEDLES:**

1. **NEVER** stick your hand or fingers into a sharps or solid waste container which may contain sharps or needles.
2. **NEVER** place medical waste or trash into a sharps container.
3. Staff will be cautious of all medical needles found and take precautions to segregate or otherwise cover them with a layer of uncontaminated trash or inert material.

**D. WORK AREA RESTRICTIONS:**

1. While working with solid waste materials brought to the transfer station and where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses without first performing hand hygiene.

**E. HOUSEKEEPING, CLEANING, AND DISINFECTING SCHEDULE PROCEDURE:**

1. The work site will be maintained in a clean and sanitary condition.
2. After any incident where any blood or body fluid is detected, the entire affected area will be sanitized/cleaned using a ten percent solution of bleach solution or approved disinfectant wipes.
3. Where appropriate, a larger volume of a ten percent solution of bleach can be applied using a hand pumped weed sprayer.
4. Upon occurrence of an exposure incident, a Blood and/or Body Fluid Exposure Incident Report form (included as page 35 of this document) must be completed by all employees who were involved or who had direct knowledge of the incident:
  - a. The event and circumstances will be reviewed/evaluated by the District Manager and,
  - b. A written incident summary and its causes will be prepared by the site attendant or truck driver (Form on file in Department office), and recommendations made for avoiding similar incidents in the future.

**Reviewed/Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Alan Grant, Manager  
Solid Waste District**



# Section VI

## Environmental Health/Sanitarian

**IN ADDITION TO SECTION I, the following guidelines will be utilized to minimize or eliminate exposure to Department Employees.**

### **A. WASTEWATER:**

Staff will be cautious of all wastewater encountered during on-site inspections of failing wastewater treatment systems and special care will be exercised and appropriate PPE utilized when walking in saturated soil or lifting/handling of materials contaminated with wastewater.

### **B. WORK AREA RESTRICTIONS:**

1. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials:
  - a. All duties will be conducted in a manner which minimizes splashing, spraying, or splattering of blood or other potentially infectious materials,
  - b. Employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses without first performing hand hygiene, and
  - c. Disposable germicidal cloths/gels/hand sanitizers will be available for hand hygiene at off-site work areas where water and soap are not available.

### **C. HOUSEKEEPING, CLEANING, AND DISINFECTING SCHEDULE/PROCEDURE:**

1. In any incident where blood or body fluid is potentially present, PPE will be worn. This equipment may include, but not be limited to, vinyl gloves, rubber boots, and safety goggles.
2. Any tools or devices exposed to potential hazards will be cleaned using a one part bleach to ten parts water solution or approved commercial grade cleaner/disinfectant.
3. When using a bleach and water solution, disposable vinyl gloves shall be used to protect the hands of the staff. **DO NOT USE LATEX GLOVES** as these disposable gloves are intended for single use and may not be reused.
4. Reusable receptacles such as wastebaskets will be lined with a bag and replaced after contamination.

**Reviewed/Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Megan Bullock, RS

# **Bloodborne Pathogen**

**Forms and Documents**

## **APPENDICES**

## **Appendix A**

### **JEFFERSON COUNTY**

#### **VACCINATION/TESTING PARTICIPATION/DECLINATION FORM**

Employee Name (Printed): \_\_\_\_\_  
Last First Middle

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis A, hepatitis B (HBV) and/or Tetanus infection. I have been given the opportunity to be vaccinated with these vaccines at no charge to myself. However, I decline vaccination at this time.

I understand that by declining this vaccine, I continue to be at risk of acquiring one of these very serious diseases.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

After evaluating the advantages and disadvantages of the Jefferson county vaccine program and, based on the information and training provided, I elect to: (check one)

\_\_\_\_\_ Participate in the interest of my health

\_\_\_\_\_ Decline Participation

\_\_\_\_\_ Wish to participate with the exception of the following immunization/s or test:

\_\_\_\_\_

**My choice not to participate in the Jefferson County Immunization Program in no way affects my Employment status.**

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Employee Signature: \_\_\_\_\_

## Appendix B

### JEFFERSON COUNTY

#### BLOODBORNE PATHOGEN POST-EXPOSURE FOLLOW-UP CHECKLIST

*The following steps must be taken, and information transmitted in the case of an employee exposure to any Bloodborne Pathogens. **Note:** Use back of form for additional comments.*

1. Checklist Activity Completion Date: \_\_\_\_\_ Time: \_\_\_\_\_
2. Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_
3. Did employee seek immediate EMS/Emergency or healthcare facility treatment: **Yes / No**  
If yes please attach copy of report. If no explain: \_\_\_\_\_
4. Did employee file a First Report of Injury to open a Worker's Compensation Claim regarding the incident: (Appendix "C" Jefferson County Safety Manual Injury/Illness reporting Procedure)? **Yes / No**
5. Did the employee do any of the following:
  - A. Wash the contaminated area thoroughly? **Yes / No**
  - B. Flush contaminated mucous membranes with water? **Yes / No**
  - C. Remove any contaminated clothing/equipment? **Yes / No**
  - D. Prevent further exposure **Yes / No**
6. Did employee notify their Supervisor? **Yes / No** If Yes: Date; \_\_\_\_\_ Time; \_\_\_\_\_  
If No, why not? \_\_\_\_\_
7. Has the Employee completed the Unprotected Exposure Form? **Yes / No**
8. Was "Source Individual" identified? **Yes / No** If Yes was "Source's" blood tested? **Yes / No**  
If yes, were Source results given to exposed employee? **Yes / No**
9. Was exposed employee's blood collected and tested? **Yes / No**
10. Was Employee given prophylaxis medication if indicated? **Yes / No**
11. Did Supervisor or Employee contact Public Health Nurse? **Yes / No** If Yes; Date/Time \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

Continued On Reverse Yes / No

<b>Area below is for Administrative use Only.</b>
---

#### **Post exposure follow-up and testing information.**

1. Documentation forwarded to health care professional (HCP): Name: \_\_\_\_\_
2. Is a Description of exposed employee's duties included? **Yes / No**
3. Is a copy of an EMS Provider Exposure Incident Report attached: **Yes / No**
4. Are results of source individual's blood testing attached (unless HCP will obtain)? **Yes / No**
5. Employee's medical records (unless HCP already has copy)

**Comments:** \_\_\_\_\_

Cont. on reverse: **Yes / No**

**Supervisor/Department Head Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Appendix C

## JEFFERSON COUNTY

### EMPLOYEE HEALTH IMMUNIZATION RECORD

<b>Employee Name:</b>							
<b>Birth Date:</b> ____/____/____ dd / mm / Year				<b>Department:</b> _____			
<b>Communicable Disease History: Have you had or do you now have:</b>							
			<b>Date</b>				<b>Date</b>
<b>Chicken Pox</b>	Yes	No		<b>Measles</b>	Yes	No	
<b>Hepatitis A</b>	Yes	No		<b>Rubella</b>	Yes	No	
<b>Hepatitis B</b>	Yes	No		<b>Mumps</b>	Yes	No	
<b>Hepatitis C</b>	Yes	No		<b>Tuberculosis</b>	Yes	No	
<b>HIV</b>	Yes	No		<b>If Yes Date of x-ray:</b> _____			
				<b>Medical Provider Name/Location:</b>			
<b>Immunization Record:</b>							
<b>PPD</b> <b>Skin test Results/dates</b>			<b>Initial</b>	<b>Annual</b>	<b>Annual</b>	<b>Annual</b>	<b>Annual</b>
			<b>Annual</b>	<b>Annual</b>	<b>Annual</b>	<b>Annual</b>	<b>Annual</b>
<b>Specify Dates for the following</b>							
<b>Tetanus/Diphtheria (TD) or Tetanus/Diphtheria/Acellular Pertussis (Tdap)</b>							
<b>Hepatitis A Series of 2</b>	<b>Date: Dose 1 of 2</b>				<b>Date: Dose 2 of 2</b>		
<b>Hepatitis B Series of 3</b>	<b>Date: Dose 1 of 3</b>			<b>Date: Dose 2 of 3</b>		<b>Date: Dose 3 of 3</b>	
	Titer required? Yes / No If Yes: Date/time of test and Results:						
<b>Yearly Influenza Vaccination</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>	<b>Date:</b>

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Appendix D**

### **JEFFERSON COUNTY**

#### **BLOOD and/or BODY FLUID EXPOSURE INCIDENT REPORT**

Employee's Name: \_\_\_\_\_ Department: \_\_\_\_\_

Job Classification \_\_\_\_\_ Location of Incident: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time Exposure Occurred: \_\_\_\_\_

Length of Exposure \_\_\_\_\_ Minutes: \_\_\_\_\_

#### **TYPE OF BODY FLUID:**

Describe Exposure Circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Continue on back if more space needed: **Yes / No**

#### **PERSONAL PROTECTIVE EQUIPMENT USED:** \_\_\_\_\_

#### **ROUTE / TYPE OF EXPOSURE:**

**Type 1: Mucous Membrane:** \_\_\_eye \_\_\_mouth \_\_\_ nose \_\_\_ other explain: \_\_\_\_\_

\_\_\_\_\_

**Type 2: Skin Exposure:** \_\_\_puncture/incision \_\_\_eczema \_\_\_laceration/abrasion

\_\_\_open sore/lesions \_\_\_exposure to intact skin (follow-up #3)

\_\_\_needle stick? (Was needle: \_\_\_contaminated or \_\_\_non-contaminated)

**Type 3:** \_\_\_soaked through \_\_\_drops/spray \_\_\_dried/caked \_\_\_diluted

#### **FOLLOW-UP ACTIVITIES:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ROUTING:** If medical follow-up is indicated, send a copy with the employee for their evaluation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Appendix E**  
**JEFFERSON COUNTY**

**EMPLOYEE MEDICAL INFORMATION RELEASE**

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_  
[Print Employee Full Name] [Facility/source/Medical Provider]

to release the following medical information from my personal medical file:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

The above information shall be released to:

\_\_\_\_\_  
Name of Individual or Organization

\_\_\_\_\_  
[Address]

\_\_\_\_\_  
[Address]

(\_\_\_\_\_) \_\_\_\_\_ / (\_\_\_\_\_) \_\_\_\_\_  
Telephone number / FAX number

for the following purpose: \_\_\_\_\_  
[General Describe the Purpose For Release]

But I do not give permission for any other use or Re-disclosure of this information.

This Medical Record Information Release shall be valid for no more than 60 working days after today.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
Signature of Employee authorizing the release

\_\_\_\_\_  
Signature of Person Releasing Information

\_\_\_\_\_  
Signature of Person Receiving Information





## Appendix F

### JEFFERSON COUNTY, MONTANA PUBLIC HEALTH DEPARTMENT

214 South Main - P.O. Box 872, Boulder, MT 59632  
Phone (406) 225-4007 or 287-3249 Fax (406) 225-4108

#### **Bloodborne Pathogen SOURCE PERSON Consent and RELEASE OF INFORMATION Form** (Please Print and return to the County Public Health Department or Personnel Officer)

I understand that it has been determined that an employee of Jefferson County, Montana has had a significant exposure to my blood or body fluids. The nature of my blood or body fluids exposure to the Department of Health employee has been explained to my satisfaction.

I understand that in order to make appropriate medical decisions for county employee exposed to my blood or body fluids, the County is requesting that I voluntarily submit a blood specimen for blood borne pathogens, Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV) testing. ***The testing will be free of charge to me and all test results will be provided to:***

(a) my physician, or physician's designee, \_\_\_\_\_

(b) Jefferson County's Public Health Department or, \_\_\_\_\_

I acknowledge that I was given an opportunity to ask questions about the exposure, how my blood specimen is to be provided, what tests will be performed, who is to receive copies of my test results, and any other questions I had. I understood all of the answers to my questions before making my decision below.

\_\_\_\_\_  
(Initial) **I consent to the County obtaining a blood specimen from me, testing it, and releasing those test results as indicated above.**

**OR**

\_\_\_\_\_  
(Initial) **I refuse to allow the County to obtain a blood sample from me.**

Name of Source Person: \_\_\_\_\_  
(Please Print)

Source Person Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Witness: \_\_\_\_\_  
(Please Print)

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Appendix G

### Jefferson County



### New Employee In-processing Verification for: Bloodborne training and, Immunization/Tuberculin test if applicable)

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

County Department of Assignment: \_\_\_\_\_

**NOTE:** Bloodborne Pathogen Training and Vaccinations must be received within 10 days of initial assignment to a job with occupational exposure. (From OSHA Bloodborne Pathogens Standard Fact Sheet)

<b>Public Health Department:</b>		<b>214 South Main, Boulder Entrance on Library (North) side of building Ph (406) 225-4007 or (406) 287-3249</b>
1.	Job Position duties At Risk? <input type="checkbox"/> Yes <input type="checkbox"/> No ("Risk Factor" to be marked by Personnel Officer)	
2.	BBP training scheduled for: Time _____ Date: _____	Completed: <input type="checkbox"/> Yes Date completed _____
3.	<b>If At risk Position:</b> Immunization/s and/or Tuberculin (ppd) test completed or initiated OR Declination form completed. (If Declination form signed the Health Department will forward this form to the Personnel Officer. Date: _____	
4.	Staff Signature verifies Health Department in-processing Complete or Initiated: Name: _____ Date: _____	
<b>Note: When complete, the employee is to present this form to their Supervisor/Department Head.</b>		

**It is the responsibility of the new employee Department Supervisor/Director to ensure:**

1. This employee has completed in-processing through the Health Department
2. All employees have completed BBP training before beginning work in their job position.
3. When complete the Supervisor/Department Head will ensure this form is returned to the County Personnel Officer.

Supervisor/Director Signature: \_\_\_\_\_ Date Completed: \_\_\_\_\_

## Appendix H

<b>Occupational Safety &amp; Health Administration (OSHA)</b>	
<b>29 CFR, Part 1910.1030</b>	
<b>1910.1030(a): Scope and Application</b>	This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.
<b>1910.1030(b) Definitions</b>	<b>For purposes of this section, the following shall apply:</b>
<b>Assistant Secretary</b>	the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.
<b>Blood</b>	human blood or human blood components, and products made from human blood.
<b>Bloodborne Pathogens</b>	pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
<b>Clinical Laboratory</b>	a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
<b>Contaminated</b>	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
<b>Contaminated Laundry</b>	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
<b>Contaminated Sharps</b>	any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
<b>Decontamination</b>	use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
<b>Director</b>	Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
<b>Engineering Controls</b>	controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
<b>Exposure Incident</b>	a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
<b>Handwashing Facilities</b>	a facility providing an adequate supply of running potable water, soap, and single-use towels or air-drying machines.
<b>Licensed Healthcare Professional</b>	a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.
<b>HBV</b>	hepatitis B virus
<b>HIV</b>	human immunodeficiency virus.
<b>Needleless systems</b>	a device that does not use needles for: <ol style="list-style-type: none"> <li>(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;</li> <li>(2) The administration of medication or fluids; or</li> <li>(3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.</li> </ol>
<b>Occupational Exposure</b>	reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from performance of an employee's duties.

<b><i>Other Potentially Infectious Material (OPIM)</i></b>	<p>(1) The following human body fluids: semen, vaginal secretions, synovial fluid, cerebrospinal fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;</p> <p>(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and</p> <p>(3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.</p>
<b><i>Parenteral</i></b>	Piercing the skin mucous membranes through such events as needlesticks, human bites, cuts, and abrasions.
<b><i>Personal Protective Equipment (PPE)</i></b>	is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
<b><i>Production Facility</i></b>	a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
<b><i>Regulated Waste</i></b>	liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
<b><i>Research Laboratory</i></b>	a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
<b><i>Sharps with engineered sharps injury protections</i></b>	a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
<b><i>Source Individual</i></b>	any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
<b><i>Sterilize</i></b>	the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
<b><i>Universal Precautions</i></b>	is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
<b><i>Work Practice Controls</i></b>	controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

## **1910.1030(c): *Exposure Control:***

### **(1) *Exposure Control Plan.***

- (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan designed to eliminate or minimize employee exposure.
- (ii) The Exposure Control Plan shall contain at least the following elements:
  - (A) The exposure determination required by paragraph (c)(2),
  - (B) The schedule and method of implementation for paragraphs (d) Methods of Compliance, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard, and
  - (C) The procedure for the evaluation of circumstances surrounding exposure incidents as required by paragraph (f)(3)(i) of this standard.
- (iii) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with 29 CFR 1910.1020(e).
- (iv) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:
  - (A) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
  - (B) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.
- (v) An employer, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Exposure Control Plan.
- (vi) The Exposure Control Plan shall be made available to the Assistant Secretary and the Director upon request for examination and copying.

### **(2) *Exposure Determination.***

- (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:
  - (A) A list of all job classifications in which all employees in those job classifications have occupational exposure;
  - (B) A list of job classifications in which some employees have occupational exposure, and

- (C) A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.

(ii): This exposure determination shall be made without regard to the use of personal protective equipment.

## **1910.1030(d) *Methods of Compliance***

(1): **General.** Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2): ***Engineering and Work Practice Controls.***

- (i) Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
- (ii) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- (iii) Employers shall provide handwashing facilities which are readily accessible to employees.
- (iv) When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- (v) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- (vi) Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- (vii) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below. Shearing or breaking of contaminated needles is prohibited.
  - (A) Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
  - (B) Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
- (viii) Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
  - (A) Puncture resistant;
  - (B) Labeled or color-coded in accordance with this standard;

(C) Leakproof on the sides and bottom; and

(D) In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.

(ix) Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

(x) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.

(xi) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(xii) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

(xiii) Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

(A) The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.

(B) If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.

(C) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(xiv) Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

(A) A readily observable label in accordance with paragraph (g)(1)(i)(H) shall be attached to the equipment stating which portions remain contaminated.

(B) The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

### **(3) Personal Protective Equipment:**

(i) **Provision.** When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces,

resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

- (ii) **Use.** The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- (iii) **Accessibility.** The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- (iv) **Cleaning, Laundering, and Disposal.** The employer shall clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employee.
- (v) **Repair and Replacement.** The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- (vi) If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.
- (vii) All personal protective equipment shall be removed prior to leaving the work area.
- (viii) When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- (ix) **Gloves.** Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.
  - (A) Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
  - (B) Disposable (single use) gloves shall not be washed or decontaminated for re-use.
  - (B) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
  - (D) If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:
    - (B) Periodically reevaluate this policy



(2) Make gloves available to all employees who wish to use them for phlebotomy;

(3) Not discourage the use of gloves for phlebotomy; and

(4) Require that gloves be used for phlebotomy in the following circumstances:

(i) When the employee has cuts, scratches, or other breaks in his or her skin;

(ii) When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and

(iii) When the employee is receiving training in phlebotomy.

(x) **Masks, Eye Protection, and Face Shields.** Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

(xi) **Gowns, Aprons, and Other Protective Body Clothing.** Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

(xii) Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery).

#### **(4) Housekeeping**

(i): **General.** Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

(ii) All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

(A) Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

(B) Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(C) All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

(D) Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

(E) Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

**(iii) Regulated Waste - -**

**(A) Contaminated Sharps Discarding and Containment.**

(1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

(i) Closable;

(ii) Puncture resistant;

(iii) Leakproof on sides and bottom; and

(iv) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard.

(2) During use, containers for contaminated sharps shall be:

(i) Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

(ii) Maintained upright throughout use; and

(iii): Replaced routinely and not be allowed to overfill.

(3) When moving containers of contaminated sharps from the area of use, the containers shall be:

(i) Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;

(ii) Placed in a secondary container if leakage is possible. The second container shall be:

(A) Closable;

(B) Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

(C) Labeled or color-coded according to paragraph (g)(1)(i) of this standard.

(4) Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

**(B) Other Regulated Waste Containment - -**

(1) Regulated waste shall be placed in containers which are:

- (i) Closable;
  - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
  - (iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) this standard; and
  - (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- (2) If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:
- (i) Closable;
  - (ii) Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
  - (iii) Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard; and
  - (iv) Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- (C) Disposal of all regulated waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.
- (iv) Laundry.**
- (A) Contaminated laundry shall be handled as little as possible with a minimum of agitation.
- (1) Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
  - (2) Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
  - (3) Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- (B) The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- (C) When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with paragraph (g)(1)(i).

## **1910.1030(e): *HIV and HBV Research Laboratories and Production Facilities.***

- (1) This paragraph applies to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV and HBV. It does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs. These requirements apply in addition to the other requirements of the standard.
- (2) Research laboratories and production facilities shall meet the following criteria:
- (i) **Standard Microbiological Practices.** All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
  - (ii) **Special Practices.**
    - (A) Laboratory doors shall be kept closed when work involving HIV or HBV is in progress.
    - (B) Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.
    - (C) Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.
    - (D) When other potentially infectious materials or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with paragraph (g)(1)(ii) of this standard.
    - (E) All activities involving other potentially infectious materials shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these other potentially infectious materials shall be conducted on the open bench.
    - (F) Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.
    - (G) Special care shall be taken to avoid skin contact with other potentially infectious materials. Gloves shall be worn when handling infected animals and when making hand contact with other potentially infectious materials is unavoidable.
    - (H) Before disposal all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.
    - (I) Vacuum lines shall be protected with liquid disinfectant traps and high-efficiency particulate air (HEPA) filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

- (J) Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of other potentially infectious materials. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.
- (K) All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.
- (L) A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.
- (M) A biosafety manual shall be prepared or adopted and periodically reviewed and updated at least annually or more often if necessary. Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

**(iii) *Containment Equipment.***

- (A) Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with other potentially infectious materials that pose a threat of exposure to droplets, splashes, spills, or aerosols.
- (B) Biological safety cabinets shall be certified when installed, whenever they are moved and at least annually.

**(3) HIV and HBV research laboratories shall meet the following criteria:**

- (i) Each laboratory shall contain a facility for hand washing and an eye wash facility which is readily available within the work area.
- (ii) An autoclave for decontamination of regulated waste shall be available.

**(4) HIV and HBV production facilities shall meet the following criteria:**

- (i) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access facility that requires passing through two sets of doors before entering the work area.
- (ii) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(iii) Each work area shall contain a sink for washing hands and a readily available eye wash facility. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(iv) Access doors to the work area or containment module shall be self-closing.

(v) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

(vi) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area).

(5) **Training Requirements.** Additional training requirements for employees in HIV and HBV research laboratories and HIV and HBV production facilities are specified in paragraph (g)(2)(ix).

## **1910.1030(f): Hepatitis B Vaccination, Post-exposure Evaluation and Follow-up**

### **(1) General.**

(i) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

(ii) The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

(A) Made available at no cost to the employee;

(B) Made available to the employee at a reasonable time and place;

(C) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

(D) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this paragraph (f).

(iii) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

### **(2) Hepatitis B Vaccination.**

(i) Hepatitis B vaccination shall be made available after the employee has received the training required in paragraph (g)(2)(vii)(I) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

- (ii) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
  - (iii) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.
  - (iv) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A.
  - (v) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(ii).
- (3) *Post-exposure Evaluation and Follow-up.*** Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
- (i) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
  - (ii) Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;
    - (A) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
    - (B) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
    - (C) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
  - (iii) Collection and testing of blood for HBV and HIV serological status;
    - (A) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
    - (B) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
  - (iv) Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
  - (v) Counseling; and
  - (vi) Evaluation of reported illnesses.

**(4) Information Provided to the Healthcare Professional.**

- (i) The employer shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation.
- (ii) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
  - (A) A copy of this regulation;
  - (B) A description of the exposed employee's duties as they relate to the exposure incident;
  - (C) Documentation of the route(s) of exposure and circumstances under which exposure occurred;
  - (D) Results of the source individual's blood testing, if available; and
  - (E) All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

**(5) Healthcare Professional's Written Opinion.** The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

- (i) The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- (ii) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - (A) That the employee has been informed of the results of the evaluation; and
  - (B) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
- (iii) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

**(6) Medical Recordkeeping.** Medical records required by this standard shall be maintained in accordance with paragraph (h)(1) of this section.

**1910.1030(g): Communication of Hazards to Employees -**

**(1) Labels and Signs --**

**(i) Labels.**

- (C) Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in paragraph (g)(1)(i)(E), (F) and (G).



**(B)** Labels required by this section shall include the following legend:



**(C)** These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

**(D)** Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

**(E)** Red bags or red containers may be substituted for labels.

**(F)** Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).

**(G)** Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

**(H)** Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

**(I)** Regulated waste that has been decontaminated need not be labeled or color-coded.

**(ii) Signs.**

**(A)** Employers shall post signs at the entrance to work areas specified in paragraph (e), HIV and HBV Research Laboratory and Production Facilities, which shall bear the following legend:



1. *(Name of the Infectious Agent)*
2. *(Special requirements for entering the area)*
3. *(Name, telephone number of the laboratory director or other responsible person.)*

**(B)** These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color.

**(2) Information and Training.**

**(i)** The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee participation in the program.

**(ii)** Training shall be provided as follows:

**(A):** At the time of initial assignment to tasks where occupational exposure may take place;

**(B):** At least annually thereafter.

**(iii)** [Reserved]

- (iv)** Annual training for all employees shall be provided within one year of their previous training.
- (v)** Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- (vi)** Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- (vii)** The training program shall contain at a minimum the following elements:
  - (A)** An accessible copy of the regulatory text of this standard and an explanation of its contents;
  - (B)** A general explanation of the epidemiology and symptoms of bloodborne diseases;
  - (C)** An explanation of the modes of transmission of bloodborne pathogens;
  - (D)** An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
  - (E)** An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
  - (F)** An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
  - (G)** Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
  - (H)** An explanation of the basis for selection of personal protective equipment;
  - (I)** Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
  - (J)** Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
  - (K)** An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
  - (L)** Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
  - (M)** An explanation of the signs and labels and/or color coding required by paragraph (g)(1); and
  - (N)** An opportunity for interactive questions and answers with the person conducting the training session.
- (viii)** The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

**(ix)** Additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.

**(A)** The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.

**(B)** The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.

**(C)** The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

## **1910.1030(h): *Recordkeeping***

### **(1) *Medical Records.***

**(i):** The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

**(ii)** This record shall include:

**(A)** The name and social security number of the employee;

**(B)** A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by paragraph (f)(2);

**(C)** A copy of all results of examinations, medical testing, and follow-up procedures as required by paragraph (f)(3);

**(D)** The employer's copy of the healthcare professional's written opinion as required by paragraph (f)(5); and

**(E)** A copy of the information provided to the healthcare professional as required by paragraphs (f)(4)(ii)(B)(C) and (D).

**(iii) Confidentiality.** The employer shall ensure that employee medical records required by paragraph (h)(1) are:

**(A)** Kept confidential; and

**(B)** Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

**(iv)** The employer shall maintain the records required by paragraph (h) for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020.

**(2) Training Records.**

- (i) Training records shall include the following information:
  - (A) The dates of the training sessions;
  - (B) The contents or a summary of the training sessions;
  - (C): The names and qualifications of persons conducting the training; and
  - (D) The names and job titles of all persons attending the training sessions.
- (ii) Training records shall be maintained for 3 years from the date on which the training occurred.

**(3): Availability.**

- (i) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Assistant Secretary and the Director for examination and copying.
- (ii) Employee training records required by this paragraph shall be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary.
- (iii) Employee medical records required by this paragraph shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director, and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

**(4) Transfer of Records.** The employer shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

**(5) Sharps injury log.**

- (i) The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:
  - (A) The type and brand of device involved in the incident,
  - (B) The department or work area where the exposure incident occurred, and
  - (C) An explanation of how the incident occurred.
- (ii) The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.
- (iii) The sharps injury log shall be maintained for the period required by 29 CFR 1904.6.

**1910.1030(i): Dates**

- (1): Effective Date.** The standard shall become effective on March 6, 1992.

**(2):** The Exposure Control Plan required by paragraph (c) of this section shall be completed on or before May 5, 1992.

**(3):** Paragraph (g)(2) Information and Training and (h) Recordkeeping shall take effect on or before June 4, 1992.

**(4):** Paragraphs (d)(2) Engineering and Work Practice Controls, (d)(3) Personal Protective Equipment, (d)(4) Housekeeping, (e) HIV and HBV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, and (g)(1) Labels and Signs, shall take effect July 6, 1992.

**(5): *Sharps injury log.***

**(i):** The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:

**(A):** The type and brand of device involved in the incident,

**(B):** The department or work area where the exposure incident occurred, and

**(C):** An explanation of how the incident occurred.

**(ii):** The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illnesses under 29 CFR 1904.

**(iii):** The sharps injury log shall be maintained for the period required by 29 CFR 1904.33.